

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 43 | 5/24/01 |
| FORMALITY REVIEW | Jue | 946 | 07/05/01 |
| RESPONSE FORMALITY REVIEW | Tz | 947 | 09/11/01 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 6/9/01 |
| 2 | 6/11/01 |
| 3 | 6/17/01 |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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not
canceled

TRC (110)
9-13-01

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